

CITY OF HARRISONBURG  
APPLICATION FOR UTILITY SERVICES

2155 Beery RD  
Harrisonburg VA 22801  
540-434-9959  
540-434-6769 fax

**\*\*FOR OFFICE USE ONLY\*\***

DEPOSIT PAID \$ \_\_\_\_\_ CK# \_\_\_\_\_ CASH

Businesses requiring water, sewer, and trash service may complete this Service Application online and forward it to the City of Harrisonburg/Public Utilities at the above address. ***All application must be submitted along with a security deposit, which will be applied to your account upon receipt of (12) twelve consecutive on time payments, or refunded upon account closure, (we reserve the right to apply deposit as final payment as necessary).*** The City of Harrisonburg does *not* pay interest on deposits. Deposit must be received prior to account set up.

Please contact the City of Harrisonburg at 540-434-9959 or via email to the Utilities Service Manager at [WaterService@harrisonburgva.gov](mailto:WaterService@harrisonburgva.gov) should you have any questions. The City of Harrisonburg Public Utilities conducts business in accordance with the City Ordinance (Title 7 Chapters 1-5). For questions or details please visit [www.harrisonburgva.gov](http://www.harrisonburgva.gov)

**DO NOT WRITE ABOVE THIS LINE**

**ACCOUNT NUMBER:** \_\_\_\_\_

**PLEASE PRINT**

NAME OF COMPANY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ DAYTIME BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_

FEDERAL TAX ID NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(IF DIFFERENT)

CITY

STATE

ZIP

SERVICE START DATE: \_\_\_\_\_ ALT NUMBER: (\_\_\_\_) \_\_\_\_\_

NAME OF INDIVIDUAL COMPLETING FORM: \_\_\_\_\_

*Please Print*

FOR INTERNET / ONLINE PAYMENT OPTION:

EMAIL ADDRESS: \_\_\_\_\_

PIN #: \_\_\_\_\_ (4 to 8 alphanumeric digits) Paperless Billing: Yes OR No

*We understand that we will also be responsible for collection and legal costs associated with pursuit of any delinquent account. We further recognize that to provide a forwarding address upon termination of service may avoid the above costs.*

*We hereby consent to the jurisdiction of the courts of Rockingham County over any action filed against us for the collection of our account. The undersigned agrees and recognizes that by signature they (the above business) enter into contract bound by City Ordinance Title 7 Chapters 1-5 and are obligated to monthly payments.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_